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Lakeisha Bryant (Depositor's name)  
*Lakeisha Bryant* (Signature)  
September 25, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/904,201	07/11/2001	Eugene de Juan JR.	56247 (71699)	1217

TITLE OF INVENTION: INJECTABLE BAG INTRAOCULAR LENS SYSTEM, INSERTING DEVICE FOR USE THEREWITH, METHOD FOR INSERTING AN INJECTABLE BAG INTRAOCULAR LENS WITHIN A HUMAN EYE, METHODS FOR TREATING APHAKIA AND SYSTEM KITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEMILLE, DANTON D	3764	623-006120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Edwards Angell Palmer &amp;

1 Dodge LLP2 Peter F. Corless3 Lisa Swiszc Hazzard

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

JOHNS HOPKINS UNIVERSITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baltimore, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date September 25, 2006

Typed or printed name \_\_\_\_\_

Lisa Swiszc HazzardRegistration No. 44,368

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